



VOLUNTEER APPLICATION

Volunteers in Public Schools

Name: _____ (_____)
Last First Middle initial Maiden Cell phone

Address: _____
Street City ZIP Home phone

Home E-mail: _____ Office: _____

Occupation: _____
Employer Position Work phone

Birth date: ____/____/____ Race: _____ Gender: _____ SS#: _____

Do you have any disabilities that may require special accommodations? _____

Have you ever been convicted of, or are you currently being charged with any felony? _____

Special skills and interest: _____

Check the box(es) best describing you and/or your associations with the district: family of LRSD student
 community volunteer district employee University student _____ member of
volunteering organization _____ Partners in Education employee _____

Which volunteer opportunities are you most interested in? Mentor (weekly) Tutor (weekly)
 Resource speaker Clerical/staff assistance Field Trip Chaperon Reader
 PTA/Special Projects Other _____

What age children would you like to work with? no preference Elementary, grades PreK-2
 Elementary, grades 3-5 Middle School, grades 6-8 Senior High Adult staff and volunteers

Is there a time and/or day of the week that is best for you? _____

School (s) preferred (Name or geographic area): _____

Is there a particular student or employee you are interested in working with? _____

How did you learn about Volunteers in Public Schools? _____

By affixing my signature below, the Little Rock School District is authorized to conduct background checks in determining my volunteer placement eligibility. I authorize law enforcement and background check agencies to release any information that they may have relative to processing this application. I do hereby release the Little Rock School District - and all other parties involved in processing my application - from all liability for furnishing such information. I certify all information I provided is true and correct.

I have also read the VOLUNTEER CODE OF CONDUCT (on back or attached to this document). Sign and date below:

Signature: _____ Date: _____

<i>Office use only</i>	
Recd :	ID Code / Placement: ID
Recd:	

VOLUNTEER CODE OF CONDUCT

As a volunteer with the Little Rock School District, I agree to abide by the following code of conduct:

1. I will complete the Volunteer Application provided by the ViPS Office before reporting for volunteer service within the Little Rock School District. I understand application and screening do not guarantee placement, and certain volunteer opportunities may be restricted or prohibited.
2. I will sign IN and OUT of the building each time I visit a school and adhere to all check-in policies and procedures for visitors and volunteers.
3. I understand all volunteers must work under the guidance and supervision of a district employee while in a school. Volunteers should never supervise a class in the event of a certified teacher's absence due to sickness or strike.
4. I will not establish or make decisions about instructional objectives, grades or student progress.
5. I will not discipline students. I will refer all disciplinary issues to teachers or other district employees.
6. I will refer all emergency situations and all students in need of first aid or medication to teachers, the school nurse or other school administrators.
7. I agree to always work with individual students in publicly designated areas of the school.
8. I will share any concerns that I may have related to student welfare or safety with teachers, counselors or other school administrators.
9. I will not transport a student in a personal or private vehicle without permission from the student's guardian and the school principal. I must provide a current proof of insurance to school administration immediately prior to any transport.
10. I will maintain confidentiality of all student, classroom and school information.
11. As a role model for students, I will dress and act appropriately.
12. I promise to be prompt or I will notify the school if I will be late or absent.
13. I will report all volunteer service – using the ViPS Online Report System (district website: www.lrsd.org) or by reporting my service at the school. I understand it is my responsibility to retain any personal records I may need in documenting or verifying my volunteer service. Forms and instructions for service verification are available through the ViPS office (447-4450) and should be requested prior to placement.

I would like to speak to someone about the following polices:

**Authorization for release of confidential information contained within the
Arkansas Child Abuse and Neglect Central Registry.**

I hereby request that the Arkansas Child Abuse and Neglect Central Registry release any information their files may contain indicating the undersigned applicant as an alleged perpetrator of suspected child abuse/neglect. This information should be addressed to:

**LRSB Volunteers in Public Schools
616 N. Harrison Street
Little Rock, AR 72205**

I understand that the name of any confidential informants, or other information which does not pertain to the applicant as alleged perpetrator, will not be released. **(Please print.)**

Name: _____ (_____)
Last First Middle Maiden name or aliases

Gender: _____ **Age:** _____ **Birth date:** ____/____/____ **SS#:** _____

Race: _____ **Driver's license #:** _____ **State Issued:** _____

List your addresses for the last 7 years:

**List all of your children, and any whom you serve
as legal guardian, by their full name.
Include their date of birth by month/date/year:**

From _____ to present:

Full name of child *DOB*

From _____ to _____:

Full name of child *DOB*

Full name of child *DOB*

From _____ to _____:

Full name of child *DOB*

Full name of child *DOB*

From _____ to _____:

Full name of child *DOB*

Full name of child *DOB*

Signature of applicant: _____ Date: _____

A notary must complete the following:

County of _____) SS
STATE OF ARKANSAS)

Acknowledged before me, this _____ day of _____, 20_____.

My commission expires:

Notary Public